

Abstracts

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Evaluation), the Canadian guideline (Canadian Infectious Disease Society), the US guideline (Infectious Diseases Society of America), the South African guideline (South African Drug Action Programme) and the Belgian guideline (Belgian Hygiene Committee) was assessed by an independent investigator, according to the following criteria: antibiotic prophylaxis use, antimicrobial agent, dosage of first injection, time elapsed between first injection and incision, total duration of antibiotic prophylaxis. Interguideline agreement was assessed by using the Kappa coefficient. **RESULTS:** Overall compliance of physician practice varied widely from 69% of patients for the Canadian guideline to 16% for the Belgian guideline (compliance with the US guideline, the French guideline and the South African guideline was respectively: 62%, 53% and 19%) (Kappa = 0.36; $p < 0.01$). These variations were principally due to the differences between guidelines in the screening of Methicillin-Resistant *Staphylococcus aureus* (MRSA) carriage and in the choice of antimicrobial agent. **CONCLUSIONS:** Our findings emphasize substantial discrepancies between national guidelines from different countries. National experts should take into account evidence-based data when drawing up recommendations.

PIN 13

CHANGES IN ANTIRETROVIRAL (ARV) REGIMENS IN CLINICAL PRACTICE: RESULTS FROM THE STAR (SCHEMAS THERAPEUTIQUES-ANTIRETROVIRAUX) COHORT

Lilliu H¹, Rozenbaum W², Raffi F³, Bugnon F³, Massip P⁴, Foucher F⁵, Durand I⁶, Priol G¹, Vincensini JP², Le Pen C¹

¹Clp-santé, Paris, France; ²Hopital Tenon, Paris, France; ³CHRU Nantes, Nantes, France; ⁴CHU Toulouse Hôpital Purpan, Toulouse, France; ⁵GlaxoSmithKline, Marly-Le-Roi, France; ⁶Laboratory GSK, Marly-Le-Roi, France

OBJECTIVES: Although figures on the evolution of prescriptions of ARV are now available, little is known about the dynamics and reasons of treatment changes. The STAR cohort was initiated in February 2001 across 3 French HIV Public Hospital to monitor and to explain the evolution of ARV therapies. **METHODS:** STAR is an observational study implemented to prospectively collect electronic data on anti-HIV treatments, immunological and virological status and medical cost of a random sample of patients. It aims at identifying therapeutic strategies in the setting of clinical practice. **RESULTS:** A total of 1177 patients (77% male) were included, of mean age 41 ± 9 years. A total of 290 patients (24.6%) had clinical AIDS. Mean CD4 counts and viral load were respectively $478 \pm 275/\text{mm}^3$ and $29,300 \pm 89,400$ copies/ml in February 2001 versus $506 \pm 283/\text{mm}^3$ and $15,300 \pm 55,600$ copies/ml in December 2002. Of the whole cohort, 17% were ARV naïve in February 2001, among whom 52.5% initiated an ARV treatment during the observation period. The most frequent association in February 2001 was 2 Nucleoside Reverse Transcriptase

Inhibitors (NRTI) + 1 Protease Inhibitor (PI) with 24.2% of subjects, and in December 2002 2 NRTIs + 1 Non Nucleoside Reverse Transcriptase Inhibitor (NNRTI) with 21.4%. Among emerging treatment schemes, boosted PIs raised from 13.8% to 24.1%. Sixty percent of patients had their regimen changed at least once over the 21-month period. Main reasons of treatment changes were toxicity (22%) and failure (21%). Among treatment discontinuations, 32% were attributable to supervised treatment interruption, 24% to toxicity and 14% to patient's decision. **CONCLUSIONS:** These preliminary results obtained after 21 months of follow-up of the STAR cohort show significant trends in the changes of treatment regimens with more simplified regimens and more frequent multiple therapies. These findings could help policy makers in the elaboration of guidelines and the evaluation of adherence behavior.

PIN 14

POLICY EVALUATION FOR INFLUENZA VACCINATION OF ELDERLY IN JAPAN

Ohkusa Y

Osaka University, Ibaragi, Osaka, Japan

OBJECTIVE: This paper examines to analyze what determines the demand for vaccination in the elderly as a high risk group. Then, by using the estimation results, this paper evaluate how the law recommendation and/or subsidy affect their demand. **METHOD:** Original data were obtained from two surveys to the elders living with descendants and the elders living without descendants, conducted by the author. The survey contains the information about the elders, the household, experience of influenza during the last season and immunization during and hypothetical questionnaire about immunization for Conjoint Analysis. The three estimations are performed for actual behavior; Conjoint Analysis and Joint Estimation which combine the first two estimation. **RESULT:** Among estimation results, cost, number of immunization, immunization in night or weekend, and law recommendation heavily affect their demand. Experience of influenza and immunization in the last season are the most important determinants. Moreover, the superior of the Joint Estimation is confirmed. **CONCLUSION:** The estimation results imply that about 8.9 million elders will demand for vaccination if there is no cost and if there is a law recommendation. Conversely, it will reduce to 3.2 million if cost is 6000yen (about \$50 US dollars) and without law recommendation. The change from no cost to just 500yen (about \$4 US dollars) depresses the demand by 1.6 million elders. Law recommendation alone can push up 2.0 million elders.

PIN 15

ESTIMATING USAGE OF SELECTED ANTI-INFECTIVE DRUGS IN U.S. HOSPITALS

Foster DA, Heller ST, Young JK

Solucient, LLC, Ann Arbor, MI, USA